
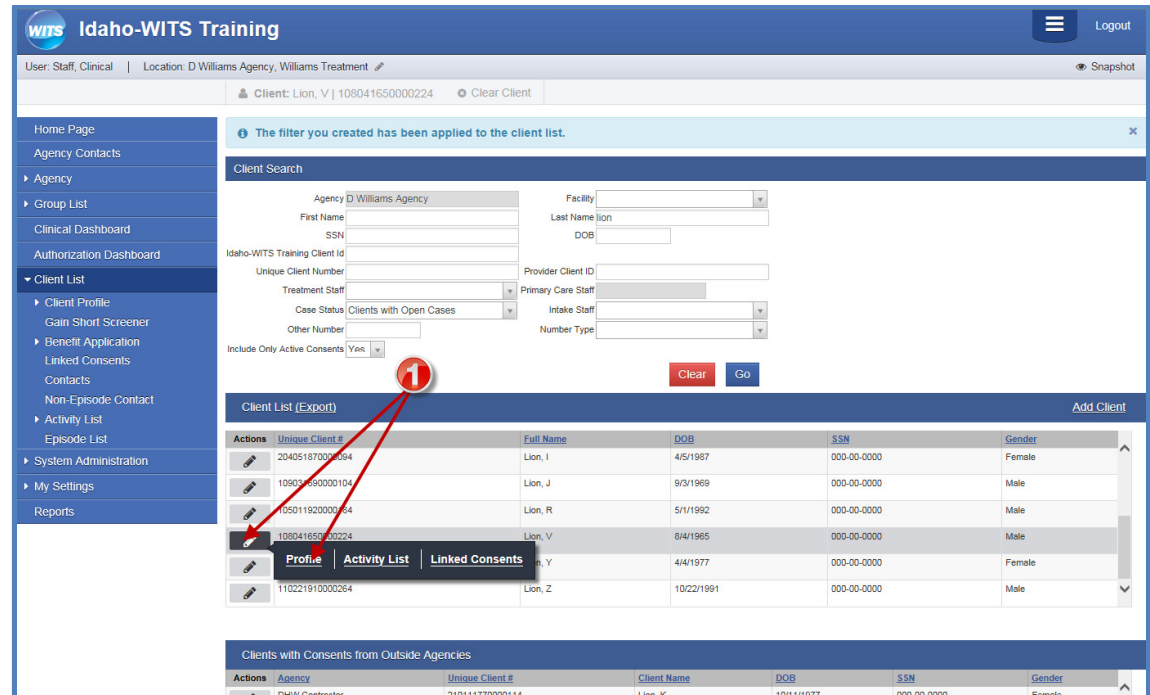


Authorization Change Request – Note to Authorizer for ATR 4 Clients who are not changing facilities or agencies

These instructions are to be used in the following situations.

- Transfer an ATR 4 client from Assessment to a treatment Level of Care (LOC) at the current facility at my agency.
- Close/Discharge the client who will not be going to another treatment provider.
- Request additional GPRA units or RSS services at the current facility at my agency (without affecting treatment).

1. **Getting here:** Login, select the Facility, select Client List on the Navigation Pane (left menu) to generate the Client Search Screen, find client, click  and select Client Profile.



Idaho-WITS Training

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Snapshot

Client: Lion, V | 108041650000224 | Clear Client

The filter you created has been applied to the client list.

Client Search

Agency D Williams Agency | Facility |

First Name | Last Name Lion

SSN | DOB |

Idaho-WITS Training Client Id |

Unique Client Number | Provider Client ID |

Treatment Staff | Primary Care Staff |








Case Status Clients with Open Cases | Intake Staff |

Other Number | Number Type |

Include Only Active Consents Yes |


Clear Go

Client List (Export) Add Client

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	204051870000394	Lion, I	4/5/1987	000-00-0000	Female
	108035590000104	Lion, J	9/3/1969	000-00-0000	Male
	05011920000044	Lion, R	5/1/1992	000-00-0000	Male
	108041650000224	Lion, V	8/4/1965	000-00-0000	Male
	108041650000224	Lion, V	8/4/1965	000-00-0000	Male
	44/1977	Y	4/4/1977	000-00-0000	Female
	110221910000254	Lion, Z	10/22/1991	000-00-0000	Male

Client Profile Activity List Linked Consents

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender
	D Williams Agency	204051870000394	Lion, I	4/5/1987	000-00-0000	Female

2. Select the **Authorization** on the Navigation Pane

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Generate Report | Snapshot

Client: Lion, V | 108041650000224 | Clear Client

Profile

First Name: V | Middle Name: | Last Name: Lion | Suffix: | Gender: Male | DOB: 8/4/1965 | SSN: 000-00-0000 | Provider Client ID: | Unique Client Number: 108041650000224 | State Client ID: | Record Created By: Buskey, Michelle | Last Updated By: Buskey, Michelle | Created Date: 3/4/2015 1:20 PM | Last Updated Date: 3/4/2015 1:20 PM

Driver's License: | Ac: Category: | Has paper file: Yes

Administrative Actions


Cancel Save Finish

Alternate Names

Actions	Last Name	First Name	Middle Name	Client Alias Type

Addresses

Actions	Address Type	Address	Confidential	Created	Updated
	Client Home	1205 Venus Circle Nex Perce, ID 87206	No	3/4/2015	3/4/2015

3. Click  and select **Profile** to review the active Authorization.

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Snapshot

Client: Lion, V | 108041650000224 | Clear Client

Authorization List

Actions	Auth #	Payer	Status	Effective Date	End Date	Authorized	Encumbered	Expended	Available	Last Activity Date
	3389	ATR4 [ATR4, 7919BPA]	Active	4/17/2015	4/30/2015	\$961.80	\$0.00	\$0.00	\$961.80	4/17/2015
		FW Adult [State General, 1]	Closed	7/1/2014	3/18/2015	\$0.00	\$0.00	\$0.00	\$0.00	3/18/2015
	2036	CHW Adult [State General, 1]	Closed	7/1/2014	4/17/2015	\$0.00	\$0.00	\$0.00	\$0.00	4/17/2015

4. Click **Requests** under the Actions box.

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment

Client: Lion, V | 108041650000224

Snapshot

Home Page

Agency Contacts

Agency

Group List

Clinical Dashboard

Authorization Dashboard

Client List

Client Profile

Alternate Names

Additional Information

Military Information

Contact Info

Collateral/Cust. Contacts

Other Numbers

History

Client Group Enrollment

Authorization

Employment

Allergies

Gain Short Screener

Authorization

Group Enrollment: ATR4

Plan: ATR4

Authorization #: 3389

Administering Agency: A Managed Service Contractor

Effective Date: 4/17/2015

End Date: 4/30/2015

Status: Active

Contract: 7919BPA - DHW-D Williams (ATR4) / 12/1/2014 - 9/29/2017 - ATR4-ATR4

Date Approved: 4/17/2015

Updated Date: 4/17/2015 1:10 PM

Updated By: Buskey, Michelle

ATR Intake: 4/17/2015-Williams Treatment

Comments

Authorized Services List

Service	Authorized Units	Authorization Amt	Encumbered	Expended	Available Units
Outpatient	25	\$231.00	\$0.00	\$0.00	25.00
Drug/Alcohol Testing	25	\$337.50	\$0.00	\$0.00	25.00

Actions

Close

Requests

Total Authorized: \$568.50

Total Encumbered: \$0.00

Total Expended: \$0.00

Total Available: \$568.50

Finish

5. The Authorization Change Request List displays. Click **Add New**.

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment

Client: Lion, V | 108041650000224

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Client Group Enrollment

Authorization

Provider Authorization Change Request

Group Enrollment: ATR4

Plan: ATR4

Authorization #: 3389

Effective Date: 4/17/2015

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Status: Active

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Updated By: Buskey, Michelle

ATR Intake: 4/17/2015-Williams Tre

Comments

Authorization Change Request List

Actions	Date	Type	Service	Units	End Date	Status	Justification

Add New

Finish

6. The Authorization Change Request List displays. Select **Note to Authorizer**.

7. Enter **Comments**.

- **Transfer an ATR 4 client from Assessment to a treatment LOC:** document the date the GRRS is consented to DHW Contractor, and include the recommended LOC.
- **Close/discharge the client who will not be going to another provider:** document the reason for the discharge/closure and the discharge/closure date. When discharging from Detox, Halfway Housing, Residential or Transitional Housing services (Level III), please include a detailed reason for the discharge.
- **Request additional GPRA units or RSS services for (without affecting treatment):** name of the service, number of requested units, and justification for each RSS Service.

8. Click **Save** and **Finish**.

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Snapshot

Client: Lion, V | 108041650000224 | Clear Client

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Authorization Change Request Profile

Type: [Yellow Highlighted]
Service: [Dropdown]
Units: [Dropdown]
End Date: [Calendar Icon]
Justification: [Dropdown]
Requestor Comments: [Text Area]
Approver's Comments: [Text Area]
Deny Reason: [Text Area] Other Description: [Text Area]

Actions: [Text Area]
[Add ASAM Concurrent Review](#)

Cancel Save Finish

6 Select the Type of Note To Authorizer

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Snapshot

Client: Lion, V | 108041650000224 | Clear Client

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Authorization Change Request Profile

Type: Note to Authorizer
Service: [Dropdown]
Units: [Dropdown]
End Date: [Dropdown]
Justification: [Dropdown]
Requestor Comments: [Yellow Highlighted]
Approver's Comments: [Text Area]
Deny Reason: [Text Area] Other Description: [Text Area]

Actions: [Text Area]
[Add ASAM Concurrent Review](#)

Cancel Save Finish

7

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